## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571) 273-2885

CURRENT CORRESPONDENC	E ADDRESS (Note: Use Block 1 for	any change of address)		Note: A certificate of	f mailing can only be used f	for domestic mailings of
			OIPE	papers. Each addition	his certificate cannot be used al paper, such as an assignm	for any other accompanyi
THOMAS N PA	590 09/28/2005		4		te of mailing or transmission.	or totale didwing, in
4811 MCDONALI		( DE	EC 0 7 2005	Con L hereby certify that	ertificate of Mailing or Tran	smission
SYRACUSE, NY 1	13215	ART	د 2005 کا تا۔ نام	States Postal Service addressed to the Ma	this Fec(s) Transmittal is beir with sufficient postage for fi il Stop ISSUE FEE address PTO (571) 273-2885, on the	ig deposited with the Uni rst class mail in an envelo above, or being facsin
8/2005 BABRAHA2 000000	013 09286575	We n	PADEMARMORT	Thomas N.		date indicated below.  (Depositor's nar
C:2501 ·	700.00 OP	)			delard	(Signatu
				December 5		(Da
APPLICATION NO.	FILING DATE	F	IRST NAMED IN	VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/286,575	04/05/1999	7	THOMAS N. PAG	^KARD		
TITLE OF INVENTION: SY	YSTEM FOR REDUCING					5197
		NOISE IN THE RE	PRODUCTION	OF RECORDED SOUND	SIGNALS	
					•	
APPLN, TYPE	SMALL ENTITY	ISSUE FE		DUDI ICA TION FEE		
nonprovisional	ZIII CO III II		<u>.c</u>	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
· .	· · · · · · · · · · · · · · · · · · ·	\$700		\$0	\$700	12/28/2005
EXAMINER .		ART UNI	T .	CLASS-SUBCLASS		
FLANDERS,	ANDREW C	2644		381-094100	_	
JFR 1.303).			(1) the names or agents OR, a		ent attorneys 1	
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 c Number is required.	e address or indication of "F lence address (or Change of 22) attached. ion (or "Fee Address" Indicor or more recent) attached. Us	Correspondence	(1) the names or agents OR, a (2) the name o registered attor 2 registered pa	of up to 3 registered pate liternatively, If a single firm (having as ney or agent) and the na- tent attorneys or agents. I	a member a	
CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	lence address (or Change of 22) attached. ion (or "Fee Address" Indicor or more recent) attached. Us	Correspondence ation form e of a Customer	(1) the names or agents OR, a (2) the name of registered attor 2 registered pa- listed, no name	of up to 3 registered pate alternatively, f a single firm (having as neer or agent) and the na- tent attorneys or agents. I will be printed.	a member a	
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 c Number is required.  3. ASSIGNEE NAME AND	lence address (or Change of 22) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO B	Correspondence  ation form e of a Customer E PRINTED ON T	(1) the names or agents OR, a (2) the name o registered attor 2 registered pal listed, no name HE PATENT (pri	of up to 3 registered pate liternatively, f a single firm (having as ney or agent) and the na- ient attorneys or agents. I will be printed.	a member a 2 nes of up to f no name is 3	
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 c Number is required.  3. ASSIGNEE NAME AND	lence address (or Change of 22) attached. ion (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO B	Correspondence  ation form e of a Customer E PRINTED ON T	(1) the names or agents OR, a (2) the name o registered attor 2 registered pal listed, no name HE PATENT (pri	of up to 3 registered pate liternatively, f a single firm (having as ney or agent) and the na- ient attorneys or agents. I will be printed.	a member a 2 nes of up to f no name is 3	document has been filed
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 c Number is required.  3. ASSIGNEE NAME AND	ence address (or Change of 22) attached. ion (or "Fee Address" Indicor more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 137 CFR 3.11. Completion	Correspondence  ation form  e of a Customer  E PRINTED ON To  clow, no assignce d  of this form is NOT	(1) the names or agents OR, a (2) the name or egistered attor 2 registered palisted, no name HE PATENT (prilata will appear of a substitute for fi	of up to 3 registered pate alternatively,  f a single firm (having as ney or agent) and the na- tent attorneys or agents. I will be printed.  nt or type)  on the patent. If an assig- ling an assignment.	a member a mes of up to fino name is 3	document has been filed
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 c Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	ence address (or Change of 22) attached. ion (or "Fee Address" Indicor more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 137 CFR 3.11. Completion	Correspondence  ation form  e of a Customer  E PRINTED ON To  clow, no assignce d  of this form is NOT	(1) the names or agents OR, a (2) the name or egistered attor 2 registered palisted, no name HE PATENT (prilata will appear of a substitute for fi	of up to 3 registered pate liternatively, f a single firm (having as ney or agent) and the na- ient attorneys or agents. I will be printed.	a member a mes of up to fino name is 3	document has been filed
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 c Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	ence address (or Change of 22) attached. ion (or "Fee Address" Indicor more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 137 CFR 3.11. Completion	Correspondence  ation form  e of a Customer  E PRINTED ON To  clow, no assignce d  of this form is NOT	(1) the names or agents OR, a (2) the name or egistered attor 2 registered palisted, no name HE PATENT (prilata will appear of a substitute for fi	of up to 3 registered pate alternatively,  f a single firm (having as ney or agent) and the na- tent attorneys or agents. I will be printed.  nt or type)  on the patent. If an assig- ling an assignment.	a member a mes of up to fino name is 3	document has been filed
Change of correspond Address form PTO/SB/12  Gree Address" indicated PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI	lence address (or Change of 22) attached. ion (or "Fee Address" Indicor more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be 137 CFR 3.11. Completion EE	Correspondence ation form e of a Customer E PRINTED ON TI clow, no assignee d of this form is NOT  (B)	(1) the names or agents OR, a (2) the name or registered attor 2 registered paralisted, no name HE PATENT (prilata will appear of a substitute for fit (2) RESIDENCE: (4)	of up to 3 registered pate elternatively,  f a single firm (having as ney or agent) and the na- tent attorneys or agents. I will be printed.  Int or type)  on the patent. If an assig- ling an assignment.  CITY and STATE OR CO	a member a mes of up to fino name is 3 meet is identified below, the about TRY)	
Change of correspond Address form PTO/SB/12  "Fee Address" indicated PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITION (A) Please check the appropriate as. The following fee(s) are	lence address (or Change of 22) attached. ion (or "Fee Address" Indicor more recent) attached. Use RESIDENCE DATA TO B an assignee is identified by 37 CFR 3.11. Completion EE	Correspondence ation form e of a Customer E PRINTED ON TI clow, no assignce d of this form is NOT  (B)	(1) the names or agents OR, a (2) the name or registered attor 2 registered par listed, no name HE PATENT (pri lata will appear of a substitute for fi (2) RESIDENCE: (4)	of up to 3 registered pate alternatively,  f a single firm (having as ney or agent) and the na- ient attorneys or agents. I will be printed.  Int or type)  on the patent. If an assig- ling an assignment.  CITY and STATE OR CO	a member a mes of up to fino name is 3	
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITION (A) NAME OF ASSIGNITION (A) The following fee(s) are Issue Fee	lence address (or Change of 22) attached. ion (or "Fee Address" Indicor more recent) attached. Using RESIDENCE DATA TO Bean assignee is identified by 137 CFR 3.11. Completion EE	Correspondence ation form e of a Customer E PRINTED ON TI clow, no assignce d of this form is NOT  (B)  rics (will not be printed.)	(1) the names or agents OR, a (2) the name or registered attor 2 registered par listed, no name HE PATENT (pri lata will appear of a substitute for fi of RESIDENCE: (4) the control of the patent Payment of Feet	of up to 3 registered pate alternatively,  f a single firm (having as ney or agent) and the natent attorneys or agents. It will be printed.  Into the patent. If an assigning an assignment.  CITY and STATE OR CO.  1: Individual (1)  (5):	a member a 2	
Change of correspond Address form PTO/SB/12  The Fee Address indicated PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITION (A) NAME OF ASSIGNITION (B) NAME OF ASSIGNITION (B) NAME OF ASSIGNITION (B) NAME OF ASSIGNITION (B) NAME OF ASSIGNITION (C) NAME OF A	lence address (or Change of 22) attached. ion (or "Fee Address" Indicor more recent) attached. Using RESIDENCE DATA TO Bean assignee is identified by 37 CFR 3.11. Completion EE	Correspondence ation form e of a Customer E PRINTED ON TI elow, no assignee d of this form is NOT  (B) rics (will not be printed.)	(1) the names or agents OR, a (2) the name or registered attor 2 registered pal listed, no name HE PATENT (prilata will appear of a substitute for fit of RESIDENCE: (c)	of up to 3 registered pate alternatively,  f a single firm (having as ney or agent) and the natent attorneys or agents. It will be printed.  Into the patent. If an assigning an assignment.  CITY and STATE OR CO.  1: Individuat (S.):	a member a 2	
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITION (A) NAME OF ASSIGNITION (A) The following fee(s) are Issue Fee	lence address (or Change of 22) attached. ion (or "Fee Address" Indicor more recent) attached. Using RESIDENCE DATA TO Bean assignee is identified by 37 CFR 3.11. Completion EE	Correspondence ation form e of a Customer  E PRINTED ON TI clow, no assignee d of this form is NOT  (B)  rries (will not be print 4b.	(1) the names or agents OR, a (2) the name or egistered attor 2 registered par listed, no name HE PATENT (pri lata will appear of a substitute for fin or RESIDENCE: (c)	of up to 3 registered pate atternatively,  f a single firm (having as ney or agent) and the natent attorneys or agents. It will be printed.  In the patent. If an assigning an assignment.  CITY and STATE OR CO  1: Individual (1)  6: amount of the fee(s) is exercited and Form PTO-203  is hereby authorized by	a member a 2	roup entity Governm
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI  Please check the appropriate    Please check the appropriate	lence address (or Change of 22) attached. ion (or "Fee Address" Indicor more recent) attached. Using RESIDENCE DATA TO Be an assignee is identified by 137 CFR 3.11. Completion EE  assignee category or category or category and category or category and category or category and category and category or category and cat	Correspondence ation form e of a Customer  E PRINTED ON TI clow, no assignee d of this form is NOT  (B)  rics (will not be printed to be print	(1) the names or agents OR, a (2) the name or egistered attor 2 registered par listed, no name HE PATENT (pri lata will appear of a substitute for fin or RESIDENCE: (c)	of up to 3 registered pate alternatively,  f a single firm (having as ney or agent) and the natent attorneys or agents. It will be printed.  Into type)  on the patent. If an assigning an assignment.  CITY and STATE OR CO	a member a 2 2 3 3 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	roup entity Governm
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNITION (A) NAME OF ASSIGNITION (B) Issue Fee  Publication Fee (No standard Fee)  Advance Order - # of 5. Change in Entity Status	lence address (or Change of 22) attached. ion (or "Fee Address" Indicor more recent) attached. Using RESIDENCE DATA TO Be an assignee is identified by 37 CFR 3.11. Completion EE  assignee category or category or category and contity discount permitted Copies	Correspondence ation form e of a Customer  E PRINTED ON TI  Elow, no assignee d of this form is NOT  (B)  rics (will not be print 4b.	(1) the names or agents OR, a (2) the name or egistered attor 2 registered pal listed, no name HE PATENT (prilata will appear of a substitute for fin (as STEELE CE) (1) RESIDENCE: (1) The payment of Feet A check in the Payment by composit Account	of up to 3 registered pate alternatively,  f a single firm (having as ney or agent) and the natent attorneys or agents. It will be printed.  Into type)  on the patent. If an assigning an assignment.  CITY and STATE OR CO  1: Individual (SS):  E amount of the fee(s) is extended and the feets at the feets at the feets and the feets at the feet	a member a 2	roup entity Governm  credit any overpayment copy of this form).
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 c Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI  Please check the appropriate  Lissue Fee  Publication Fee (No see Advance Order - # of See Advance Order - # of See Change in Entity Status  a. Applicant claims SI	lence address (or Change of 22) attached. ion (or "Fee Address" Indicor more recent) attached. Use RESIDENCE DATA TO Be an assignee is identified be 37 CFR 3.11. Completion EE  assignee category or categorenclosed: mall entity discount permitted Copies	Correspondence ation form e of a Customer  E PRINTED ON TI clow, no assignee d of this form is NOT  (B)  rics (will not be prin  4b.  20  37 CFR 1.27.	(1) the names or agents OR, a (2) the name or egistered attor 2 registered par listed, no name HE PATENT (pri lata will appear of a substitute for fin RESIDENCE: (c) The different of the patent Payment of Feet A check in the Payment by composit Account b. Applicant i	of up to 3 registered pate alternatively,  I a single firm (having as ney or agent) and the natent attorneys or agents. It will be printed.  Into the patent. If an assigning an assignment.  CITY and STATE OR CO  I Individual (SS):  I amount of the fee(s) is earedit card. Form PTO-20; is hereby authorized by Number  S no longer claiming SM/	a member a 2 mes of up to f no name is 3 mee is identified below, the accuracy of the country of	roup entity Governm  credit any overpayment copy of this form).
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 c Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI  Please check the appropriate  Lissue Fee  Publication Fee (No see the Advance Order - # of the Status  Advance In Entity Status  a. Applicant claims SI	lence address (or Change of 22) attached. ion (or "Fee Address" Indicor more recent) attached. Use RESIDENCE DATA TO Be an assignee is identified be 37 CFR 3.11. Completion EE  assignee category or categorenclosed: mall entity discount permitted Copies	Correspondence ation form e of a Customer  E PRINTED ON TI clow, no assignee d of this form is NOT  (B)  rics (will not be prin  4b.  2d)  37 CFR 1.27.  are Fee and Publicativill not be accepted ent and Trademark (	(1) the names or agents OR, a (2) the name or egistered attor 2 registered par listed, no name HE PATENT (pri lata will appear of a substitute for fin RESIDENCE: (c) The different of the patent Payment of Feet A check in the Payment by composit Account b. Applicant i	of up to 3 registered pate alternatively,  I a single firm (having as ney or agent) and the natent attorneys or agents. It will be printed.  Into the patent. If an assigning an assignment.  CITY and STATE OR CO  Individual (1):  I individual (2):  I is amount of the fee(s) is expected to ard. Form PTO-20:  I is hereby authorized by Number (2):  I to re-apply any previous or than the applicant; a register than the applicant; a register as single property or a single property or any previous creations.	a member a 2	roup entity Governm  credit any overpayment copy of this form).

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.